

City of Bainbridge Island
2013 BUSINESS LICENSE APPLICATION
NON-PROFIT ORGANIZATIONS



Important information for business owners

- The City of Bainbridge Island Municipal Code requires that all businesses, including non-profit organizations, have a business license per Ordinance 2013-03.
- All non-profit organizations must comply with the city municipal code and must have Department of Planning & Community Development approval prior to opening.
- If an organization has more than one location in the city, a separate license shall be obtained and displayed in each location.

Organization Name: _____

Organization Contact Name: _____

Contact Phone: _____ Email: _____

Physical Address: _____

Mailing Address: _____

Proof of Non-Profit Status (State or Federal ID#) _____

Go to www.sos.wa.gov/corps/nonprofitinformation.aspx for information on registering a non-profit.

ORGANIZATIONAL STRUCTURE

☐ Corporation ☐ LLC ☐ Unincorporated Association ☐ Trust

Other: _____ Number of Employees: _____

DETAILED Description of Product/Service/Activity: _____

THIS PORTION MUST BE COMPLETED IF THE ORGANIZATION IS
LOCATED ON BAINBRIDGE ISLAND

• Is this a home based business? ☐ Yes ☐ No

→ If yes, how many people are employed at the home other than residents? _____

• Will any construction occur to the structure to accommodate the business? ☐ Yes ☐ No

• Will any sales be made on the premises? ☐ Yes ☐ No

• Will you have business equipment outside your house/garage/outbuildings? ☐ Yes ☐ No

• Will any large or heavy equipment be stored on the premises? ☐ Yes ☐ No

→ If so, please describe: _____

• Will you need a sign? ☐ Yes ☐ No

• What is the square footage of the area occupied by your organization? _____

Emergency Contacts

If the organization is located on Bainbridge Island, this portion must be completed.

Name: _____ Phone: _____

Name: _____ Phone: _____

SIGNATURE

(ELECTRONIC SIGNATURE PERMITTED)

The undersigned hereby certifies under penalty of perjury, under the laws of the State of Washington, that the information provided on this application is true and correct to the best of his/her knowledge and that this business has obtained all licenses and permits required by the State of Washington and the United States Government.

Print Name: _____ Title: _____

Signature: _____ Date: _____

NOT VALID UNLESS SIGNED

Please send application to:

City of Bainbridge Island

280 Madison Avenue North

Bainbridge Island, WA 98110-1812

Phone: 206-780-8668

Office Hours: Monday – Friday, 8:00 a.m. to 4:00 p.m.

OR EMAIL TO:

FINANCE@BAINBRIDGEWA.GOV

FOR OFFICE USE ONLY

Planning Department: **Zoning:** _____ **Initials:** _____ **Date:** _____

Notes: _____

Building: _____ **Initials:** _____ **Date:** _____

Notes: _____

Fire: (As determined required by Building) _____ **Initials:** _____ **Date:** _____

Notes: _____

Police Department: Legal Activity: _____ **Initials:** _____ **Date:** _____

Notes: _____